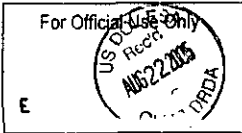


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10458</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Jeremy Paul Kagan</u> P.O. Box, Bldg., Room No., if any Street <u>2214 Walnut Avenue</u> City <u>Venice</u> State <u>California</u> ZIP Code + 4 <u>90291-4035</u>	4. Name, file number, and address of labor organization. Name <u>Directors Guild of America, Inc.</u> Labor Organization File Number <u>000-018</u> P.O. Box, Building and Room Number, if any Street <u>7920 Sunset Blvd.</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90046-3347</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Showtime Pictures Development Company</u> Trade Name, if any: <u>fka Viacom</u> P.O. Box, Bldg., Room No., if any <u>16th Floor</u> Street <u>10880 Wilshire Blvd.</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90024-4107</u>	7.a. Nature of Interest, Transaction, or Income. <u>Two lunches with J. Offsay (on 2/5/04 and 2/12/04).</u> 7.b. Amount. <u>\$75</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>J. Kagan</u>	On <u>8/12/05</u> Date	<u>310 391 4474</u> Telephone Number

Name of Person Filing Jeremy Paul Kagan	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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LATHAM & WATKINS LLP



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August 15, 2005

U.S. Department of Labor
Office of Labor-Management Standards
Washington, D.C. 20210

Re: Form LM-30; Labor Organization Officer and Employee Report

Ladies and Gentlemen:

Enclosed is the Form LM-30 for Jeremy Kagan who serves as a member of the governing board of the Directors Guild of America, Inc. Please contact me if you have any questions regarding this form.

Very truly yours,

Thomas L. Pfister
of LATHAM & WATKINS LLP

Encl.